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OCT 0 7 2005 E			
Sin Company of the state of the	AMENDMENT TRANSMITTAL LETT		ATTORNEY'S DOCKET NO. USF-T150CX
SERIAL NO.	FILING DATE	EXAMINER	GROUP ART UNIT
09/955,174	September 19, 2001	Jane J. Zara	1635
INVENTION			
Control of NK	Cell Function and Survival by Moo	dulation of SHIP Activity	

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith is an amendment in the above-identified application.	

- Small entity status of this application under 37 CFR 1.27 has been established by a verified statement previously submitted.
- △ Applicant claims small entity status.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- □ No additional fee is required.
- ☐ The fee has been calculated as shown below:

(1)

(2)

(3)

SMALL ENTITY

OR

OR

OTHER THAN A SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 52	MINUS	** 50	2
INDEP.	* 10	MINUS	*** 10	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				0

RATE	ADDIT. FEE
\$25	\$50.00
\$100	\$0.00
\$180	\$0.00
Total addit. fee	\$50.00

RATE	ADDIT. FEE
\$50	\$0.00
\$200	\$0.00
\$360	\$0.00
Total addit. fee	\$0.00

The Highest No. Previously Paid For (Total or Indep.) is the highest number found in the appropriate box in Col. 1.

\boxtimes	Please charge my Deposit Account No. 19-0065 in the amount of \$_\cdot \dot 0.00 \		
	A check in the amount of \$ to cover the filing fee is enclosed	ed.	
\boxtimes	The Commissioner is hereby authorized to charge payment of the following fees associated with		
	this communication or credit any overpayment to Deposit Account No. 19-0065. Two additional		
	copies of this paper are enclosed.		

Any additional filing fees required under 37 CFR 1.16.

Any patent application processing fees under 37 CFR 1.17.

October 5, 2005

Sleem ! Vadwig

(date)

^{*} If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

^{**} If the Highest No. Previously Paid For IN THIS SPACE is less than 20, enter "20."

^{***} If the Highest No. Previously Paid For IN THIS SPACE is less than 3, enter "3."